

DEPARTMENT OF SOCIAL SERVICES

744 P Street, M.S. 19-31

Sacramento, CA 95814

(916) 323-0591



June 25, 1982

ALL COUNTY INFORMATION NOTICE NO. 1-74-82

TO: ALL PUBLIC AND PRIVATE ADOPTION AGENCIES

SUBJECT: Relinquishment Forms

REFERENCE: All County Letter No. 82-16

Revised relinquishment forms which reflect changes necessitated by the new and amended relinquishment regulations are now available. These forms come in pads of 25 (except for the form AD 501 which comes in pads of 100) and should be ordered on the Form Gen 727-B from the State Department of Social Services Warehouse, 6150 27th Street, M.S. 19-20, Sacramento, CA, 95822.

Relinquishment forms for use by public and private licensed adoption agencies are:

<u>FORM NUMBER</u>	<u>FOR USE WITH</u>
AD 501	Natural mother and/or presumed father (In California)
AD 501 SP	Spanish version of AD 501 (formerly AD 601 SP)
AD 501A	Natural mother and/or presumed father (out of state)
AD 503	Natural mother and/or presumed father (out of county)
AD 503 SP	Spanish version of AD 503 (formerly AD 603)
AD 504	Natural mother and/or presumed father (outside California in armed forces)
AD 583	Presumed father (out of county) who denies he is the natural father
AD 584	Presumed father (out of state) who denies he is the natural father
AD 585	Presumed father (in California) who denies he is the natural father
AD 586	Alleged natural father (in California, in or out of county)
AD 586 SP	Spanish version of the AD 586
AD 591	Alleged natural father (out of state or country)
AD 591 SP	Spanish version of AD 591
AD 593	Alleged natural father (outside California in armed forces)
AD 862	Alleged natural father of Indian child (out of state or country)
AD 863	Natural mother and/or presumed father of Indian child (out of state)
AD 864	Natural mother and/or presumed father of Indian child (in California)
AD 865	Natural mother and/or presumed father of Indian child (out of county)
AD 866	Presumed father of Indian child (in California) who denies he is the natural father
AD 867	Presumed father of Indian child (out of state) who denies he is the natural father
AD 868	Alleged natural father of Indian child (in California, in or out of county)
AD 873	Presumed father of Indian child (out of county) who denies he is the natural father

Agencies should order these revised forms and upon their receipt, destroy all obsolete forms.

PLEASE NOTE THAT AGENCY ADDRESS AND TELEPHONE NUMBER AS WELL AS AGENCY NAME MUST BE INCLUDED IN THE SPACE PROVIDED ON THESE REVISED RELINQUISHMENT FORMS.

One copy of each form is attached which may be photocopied for agency use until the forms are received by the agency from the warehouse.

If there are any questions regarding this notice, please contact your adoption program consultant.



CLAUDE FINN
Deputy Director
Adult and Family Services Division

Attachment

cc: CWDA

RELINQUISHMENT

I, the _____ of _____, a minor
We,

_____ child, born _____, _____, _____, _____
SEX DATE CITY STATE

do hereby relinquish and surrender said child for adoption to _____
AGENCY NAME

AGENCY ADDRESS

AGENCY TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California to find homes for children and to place children in homes for adoption. It is fully understood by me/us that when this relinquishment is filed with the State Department of Social Services by said agency, all my/our rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated.

The foregoing instrument was signed on _____ by the said
DATE
_____ in the presence of us,
who have signed the same as witnesses thereto.

STATE OF CALIFORNIA

ss.

County of _____

On this _____ day of _____, 19 _____, before me, _____

_____ an authorized official of the
_____, an organization
licensed by the Department of Social Services of the State of California to find homes for children and place them in
homes for adoption, personally appeared _____

known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me
that he/she/they executed the same.

AUTHORIZED OFFICIAL OF AGENCY

TITLE

(To be used for Natural Mother and/or Presumed Father)

(THIS SIDE NOT TO BE COMPLETED – ENGLISH TRANSLATION)

RELINQUISHMENT

I, the _____ of _____, a minor
We,

_____ child, born _____, _____, _____
SEX DATE CITY STATE

do hereby relinquish and surrender said child for adoption to _____
AGENCY NAME

AGENCY ADDRESS

AGENCY TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California to find homes for children and to place children in homes for adoption. It is fully understood by me/us that when this relinquishment is filed with the State Department of Social Services by said agency, all my/our rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated.

The foregoing instrument was signed on _____ by the said
DATE
_____ in the presence of us,
who have signed the same as witnesses thereto.

STATE OF CALIFORNIA

ss.

County of _____

On this _____ day of _____, 19 _____, before me, _____

_____ an authorized official of the
_____, an organization
licensed by the Department of Social Services of the State of California to find homes for children and place them in
homes for adoption, personally appeared _____

known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me
that he/she/they executed the same.

AUTHORIZED OFFICIAL OF AGENCY

TITLE

(To be used for Natural Mother and/or Presumed Father)

RENUNCIA

Yo, el/la

Nosotros, los _____ de _____, un(a) menor

de edad del sexo _____, quien nació el _____
FECHA

en _____, por medio de la presente renuncio(amos) y
CIUDAD ESTADO

entrego(amos) a dicho niño para adopción a _____
NOMBRE DE LA AGENCIA

DIRECCIÓN DE LA AGENCIA

()

Nº. DE TELÉFONO DE LA AGENCIA

ya que es una organización certificada por el Departamento de Servicios Sociales del Estado de California para localizar hogares para niños y para colocarlos en ellos para su adopción. Comprendo perfectamente que una vez que dicha agencia registre esta renuncia en el Departamento de Servicios Sociales del Estado, se terminarán todos mis/nuestros derechos a la custodia, servicios, e ingresos de dicho menor, así como cualquier responsabilidad por su cuidado y sostenimiento.

Este documento fue firmado el _____ por el/los mencionados
FECHA

_____, en nuestra presencia, el cual hemos
firmado para testificar.

ESTADO DE CALIFORNIA

ss.

Condado de _____

En este día _____ del mes de _____ de 19 _____,

ante mí, _____

un(a) oficial autorizado(a) de _____,
una organización certificada por el Departamento de Servicios Sociales del Estado de California para localizar hogares para niños y
colocarlos en ellos para su adopción, compareció(eron) personalmente _____,

a quien(es) conozco como la(s) persona(s) cuyo(s) nombre(s) aparece(n) en el presente documento y quien(es) me confirmó(aron)
haberlo firmado.

OFICIAL AUTORIZADO DE LA AGENCIA

CARGO

(Para usarse por la madre natural y/o el presunto padre)

RELINQUISHMENT

(Out of State)

On this _____ day of _____, 19____,

the _____
NAME OF AGENCYhereby signifies its willingness to accept the annexed
relinquishment and to accept said child for adoption.By _____
AUTHORIZED OFFICIAL OF AGENCYI, the _____ of _____, a minor
We,_____ child, born _____, _____
SEX DATE CITY STATEdo hereby relinquish and surrender said child for adoption to _____
AGENCY NAME

AGENCY ADDRESS

()
AGENCY TELEPHONE NUMBERan organization licensed by the Department of Social Services of the State of California to find homes for children and to place children
in homes for adoption. It is fully understood by me/us that when this relinquishment is filed with the State Department of Social
Services by said agency, all my/our rights to the custody, services, and earnings of said minor child and any responsibility for the care
and support of said minor child will be terminated.

Date _____

STATE OF _____) ss.

COUNTY _____)

On this _____ day of _____, 19____, before me, _____
a Notary Public in and for said county and state, personally appeared __________ known to me to be the person(s) whose name(s) _____ subscribed to
the within instrument, and acknowledged to me that _____ executed the same.IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first
above written.

(Affix Notarial Seal)

NOTARY PUBLIC IN AND FOR THE COUNTY OF

_____, State of _____

My commission expires _____

**FOR CALIFORNIA AGENCY USE WHEN FORWARDING A COPY
TO SDSS**

Date _____

I hereby certify that this is a true and correct copy of the relinquishment
contained in the files of __________
AGENCY NAME_____
SIGNATURE OF AGENCY OFFICIAL

RELINQUISHMENT

(Out of County)

On this _____ day of _____, 19____,

the _____

NAME OF AGENCY

hereby signifies its willingness to accept the annexed
relinquishment and to accept said child for adoption.

By _____

AUTHORIZED OFFICIAL OF AGENCY

I, _____ the parent(s) of _____, a minor
We,

_____ child, born _____, _____

SEX _____ DATE _____ CITY _____ STATE _____

do hereby relinquish and surrender said minor child for adoption to the _____

AGENCY NAME

AGENCY ADDRESS

()

AGENCY TELEPHONE NUMBER

an organization licensed by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me/us that when this relinquishment is filed with the State Department of Social Services by said agency, all my/our rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated.

Date _____

The foregoing instrument was, at the date thereof, by the said _____

_____, signed in the presence of us, who
have signed the same as witnesses thereto.

STATE OF CALIFORNIA)

County of _____) ss.

On this _____ day of _____, 19____, before me, _____,

an authorized official of the Department of Social Services or _____

_____, an organization licensed by the Department of Social Services
of the State of California to find homes for children and place them in homes for adoption, personally appeared _____

_____ known to me to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

AUTHORIZED OFFICIAL OF AGENCY

(THIS SIDE NOT TO BE COMPLETED - ENGLISH TRANSLATION)

RELINQUISHMENT

(Out of County)

On this _____ day of _____, 19____

the _____
NAME OF AGENCYhereby signifies its willingness to accept the annexed
relinquishment and to accept said child for adoption.By _____
AUTHORIZED OFFICIAL OF AGENCYI, _____ the parent(s) of _____, a minor
We,_____ child, born _____, _____
SEX DATE CITY STATEdo hereby relinquish and surrender said minor child for adoption to the _____
AGENCY NAME

AGENCY ADDRESS

()
AGENCY TELEPHONE NUMBER

an organization licensed by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me/us that when this relinquishment is filed with the State Department of Social Services by said agency, all my/our rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated.

Date _____

_____The foregoing instrument was, at the date thereof, by the said _____
_____, signed in the presence of us, who
have signed the same as witnesses thereto.

_____STATE OF CALIFORNIA)
) ss.
County of _____)On this _____ day of _____, 19____, before me, _____,
an authorized official of the Department of Social Services or _____
_____, an organization licensed by the Department of Social Services
of the State of California to find homes for children and place them in homes for adoption, personally appeared
_____ known to me to be the person(s) whose
name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same._____
AUTHORIZED OFFICIAL OF AGENCY

RENUNCIA (fuera del condado)

En este día _____ de _____ de 19 _____,

por medio de la presente, _____

NOMBRE DE LA AGENCIA

expresamente acepta la renuncia que se adjunta
y acepta dicho niño(a) para adopción.

OFICIAL AUTORIZADO DE LA AGENCIA

Yo, el padre(s) de _____, un(a) menor del sexo _____

Nosotros, los

por medio de la presente renuncio y entrego a dicho(a) menor para adopción a _____

NOMBRE DE LA AGENCIA

DIRECCIÓN DE LA AGENCIA

()
NÚMERO DE TELÉFONO DE LA AGENCIA

Dicha organización está autorizada por el Departamento de Servicios Sociales del Estado para localizar hogares para niños y para colocar niños en hogares adoptivos. Entiendo perfectamente que en el momento en que dicha agencia archive en el Departamento de Servicios Sociales del Estado la presente renuncia, todos mis(nuestros) derechos a la custodia, servicios, e ingresos de dicho(a) menor y cualquier responsabilidad por el cuidado y sostenimiento de dicho menor serán terminados.

Fecha _____

El documento anterior fue firmado en la fecha mencionada por dicho(s) _____

_____, en nuestra presencia, y por tal motivo firmamos para testificar.

ESTADO DE CALIFORNIA)
) ss.
Condado de _____)

En este día _____ de _____ de 19 _____, ante mí, _____

_____ oficial autorizado del Departamento de Servicios Sociales, o de _____

_____ una organización autorizada por el Departamento de Servicios Sociales del Estado de California para encontrar hogares para niños y para colocarlos en hogares adoptivos, personalmente compareció _____ a quien(es) conozco y cuyo(s) nombre(s) aparece(n) en este documento y declaró haberlo firmado.

OFICIAL AUTORIZADO DE LA AGENCIA

RELINQUISHMENT

(Parent(s) Outside California in Armed Forces)

On this _____ day of _____, 19____,

the _____
NAME OF AGENCYhereby signifies its willingness to accept the annexed
relinquishment and to accept said child for adoption.By _____
AUTHORIZED OFFICIAL OF AGENCY

I/We, the father/mother of _____, a minor

_____ child, born _____
SEX DATE CITY STATEdo hereby relinquish and surrender said minor child for adoption to the _____
AGENCY NAME

AGENCY ADDRESS

()
AGENCY TELEPHONE NUMBER

an organization licensed by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me/us that when this relinquishment is filed with the State Department of Social Services by said agency, all my/our rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated.

Date _____

On this _____ day of _____, 19____, before me, _____
NAME OF OFFICERthe undersigned officer, personally appeared _____
NAME(S) OF PARENT(S)

known to me (or satisfactorily proven) to be (a) serving in the armed forces of the United States, (b) a spouse of a person serving in the armed forces of the United States, or (c) a person serving with, employed by, or accompanying the armed forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same. And the undersigned does further certify that he is at the date of this certificate a commissioned officer in the active service of the armed forces of the United States having the general powers of a notary public under the provisions of Section 936 of Title 10 of the United States Code (Public Law 90-362).

Subscribed and sworn to before me _____

on the _____ day of _____,

19____.

*Signature of Officer and Serial Number, Rank,
Branch of Service and Capacity in Which Signed

*See reverse side.

Section 1183.5 of the Civil Code of California provides in part as follows:

1183.5 (Performance of notarial acts for military personnel)

Any officer on active duty in the armed forces having the general powers of a notary public pursuant to Section 936 of Title 10 of the United States Code (Public Law 90-632) may perform all notarial acts for any person serving in the armed forces of the United States, wherever they may be, or for any spouse of a person serving in the armed forces, wherever they may be, and for any person serving with, employed by, or accompanying such armed forces outside the United States and outside the Canal Zone, Puerto Rico, Guam and the Virgin Islands.

RELINQUISHMENT

(Out of County)

On this _____ day of _____, 19____,
the _____
NAME OF AGENCY

hereby signifies its willingness to accept the annexed
relinquishment and to accept said child for adoption.

By _____
AUTHORIZED OFFICIAL OF AGENCY

I, the father of _____, a minor _____ child,
SEX
born _____,
DATE CITY STATE

do hereby relinquish and surrender said minor child for adoption to the _____
AGENCY NAME

AGENCY ADDRESS

()
AGENCY TELEPHONE NUMBER

an organization licensed by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, all my rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated. I declare that I am not the natural father of said child and am executing the within relinquishment to adoption solely for the purpose of promoting the welfare and best interests of said child by facilitating said child's placement for adoption.

Date _____

The foregoing instrument was, at the date thereof, by the said _____,
signed in the presence of us, who have signed the same as witnesses thereto

STATE OF CALIFORNIA

County of _____

} ss.

On this _____ day of _____, 19____, before me, _____,
an authorized official of the Department of Social Services or _____

_____, an organization licensed by the Department of Social
Services of the State of California to find homes for children and place them in homes for adoption, personally appeared
_____ known to me to be the person whose
name is subscribed to the within instrument and acknowledged to me that he executed the same.

AUTHORIZED OFFICIAL OF AGENCY

(To be used when presumed father denies he is the natural father.)

RELINQUISHMENT (Out of State)

On this _____ day of _____, 19_____,
the _____
NAME OF AGENCY

hereby signifies its willingness to accept the annexed
relinquishment and to accept said child for adoption.

By _____
AUTHORIZED OFFICIAL OF AGENCY

I, the father of _____, a minor _____ child
SEX
born _____,
DATE CITY STATE

do hereby relinquish and surrender said child for adoption to _____
AGENCY NAME
()
AGENCY ADDRESS AGENCY TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, all my rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated. I declare that I am not the natural father of said child and am executing the within relinquishment to adoption solely for the purpose of promoting the welfare and best interests of said child by facilitating said child's placement for adoption.

Date _____

STATE OF _____
COUNTY OF _____ } ss.

On this _____ day of _____, 19_____, before me, _____
a Notary Public in and for said county and state, personally appeared _____
known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(Affix Notarial Seal)

Notary Public in and for the County of _____
State of _____
My commission expires _____

(To be used when presumed father denies he is the natural father.)

RELINQUISHMENT

I, the father of _____, a minor _____ child
 born _____, _____, _____
DATE CITY STATE

do hereby relinquish and surrender said child for adoption to _____
AGENCY NAME

()
AGENCY ADDRESS AGENCY TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, all my rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated. I declare that I am not the natural father of said child and am executing the within relinquishment to adoption solely for the purpose of promoting the welfare and best interests of said child by facilitating said child's placement for adoption.

The foregoing instrument was signed on _____ by the
 said _____ in the presence of us, who have signed the
 same as witnesses thereto.

STATE OF CALIFORNIA

County of _____

} ss.

On this _____ day of _____, 19____, before me, _____
 _____, an authorized official of
 the _____, an organization licensed by the Department
 of Social Services of the State of California to find homes for children and place children in homes for adoption, personally appeared

 known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

AUTHORIZED OFFICIAL OF AGENCY

TITLE

(To be used when presumed father denies he is the natural father.)

RELINQUISHMENT

(Alleged Natural Father in California)
(In or Out of County)

INSTRUCTIONS

1. This form to be used for the alleged natural father relinquishing in California.
2. Section I is to be completed only when the agency taking the relinquishment and the agency accepting the relinquishment are not the same.
3. Only Section II is completed when the agency taking the relinquishment and the agency accepting the relinquishment is the same.

I. OUT OF COUNTY

On this _____ day of _____, 19____,

the _____
(NAME OF AGENCY)

hereby signifies its willingness to accept the annexed
relinquishment.

By _____
(AUTHORIZED OFFICIAL OF AGENCY)

II.

I, _____, having been alleged
to be the father of _____, a minor

_____ child, born _____, _____
(SEX) (DATE) (CITY) (STATE)

do hereby relinquish said minor child for adoption to the _____
(AGENCY NAME)

_____ (AGENCY ADDRESS)

_____ (AGENCY TELEPHONE NUMBER)

an organization authorized by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, any rights to said minor child will be terminated.

Date _____
(SIGNATURE OF ALLEGED NATURAL FATHER)

The foregoing instrument was signed on _____ by the said _____
(DATE)

_____ in the presence of us, who have signed the same as witness thereto.

(WITNESS)

STATE OF CALIFORNIA

SS.

(WITNESS)

COUNTY OF _____

On this _____ day _____, 19____, before me, _____

an authorized official of the Department of Social Services, or _____

_____, an organization

licensed by the Department of Social Services of the State of California to find homes for children and place them in homes for adoption,

personally appeared _____

known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

(AUTHORIZED OFFICIAL OF AGENCY)

RENUNCIA

(Presunto padre natural en California)
(Dentro o fuera del condado)

INSTRUCCIONES

1. Esta forma debe usarse para la renuncia del presunto padre natural en California.
2. La Sección I debe completarse sólo si la agencia que esté tomando la renuncia y la agencia que esté aceptando la renuncia no sean la misma.
3. Solamente la Sección II debe completarse cuando la agencia que esté tomando la renuncia y la agencia que esté aceptando la renuncia sean la misma.

I. FUERA DEL CONDADO

En este día _____ de _____ de 19____,

(NOMBRE DE LA AGENCIA)

por medio de la presente expresa su deseo de aceptar la renuncia adjunta.

Por _____

(OFICIAL AUTORIZADO DE LA AGENCIA)

II.

Yo, _____, a quien se presume ser el padre de

_____, un(a) menor de edad del sexo _____,

quien nació el _____ en _____

(FECHA)

(CIUDAD)

(ESTADO)

por medio de la presente renuncio a tal niño(a) menor de edad para su adopción a _____

(NOMBRE DE LA AGENCIA)

(DIRECCIÓN DE LA AGENCIA)

(NO. DE TELÉFONO DE LA AGENCIA)

ya que dicha organización está certificada por el Departamento de Servicios Sociales del Estado de California para localizar hogares para niños y para colocarlos en hogares adoptivos. Comprendo perfectamente que una vez que dicha agencia registre la presente renuncia con el Departamento de Servicios Sociales del Estado, se terminarán todos mis derechos sobre el mencionado menor.

Fecha _____

(FIRMA DEL PRESUNTO PADRE NATURAL)

El presente documento fue firmado el _____ por el mencionado _____

(FECHA)

_____, en nuestra presencia, el cual hemos firmado para testificar.

(TESTIGO)

ESTADO DE CALIFORNIA

SS.

(TESTIGO)

CONDADO DE _____

En este día _____ de _____ de 19____, ante mí, _____,

un oficial autorizado por el Departamento de Servicios Sociales o _____

_____, una organización certificada por el Departamento de Servicios Sociales del Estado de California para localizar hogares para niños y para colocarlos en hogares adoptivos, compareció en persona _____

a quien conozco como la persona cuyo nombre aparece en este documento y quien me confirmó haberlo firmado.

(OFICIAL AUTORIZADO DE LA AGENCIA)

THIS SIDE NOT TO BE COMPLETED—ENGLISH TRANSLATION

RELINQUISHMENT(Alleged Natural Father in California)
(In or Out of County)**INSTRUCTIONS**

1. This form to be used for the alleged natural father relinquishing in California.
2. Section I is to be completed only when the agency taking the relinquishment and the agency accepting the relinquishment are not the same.
3. Only Section II is completed when the agency taking the relinquishment and the agency accepting the relinquishment is the same.

I. OUT OF COUNTY

On this _____ day of _____, 19____,

the _____
(NAME OF AGENCY)hereby signifies its willingness to accept the annexed
relinquishment.By _____
(AUTHORIZED OFFICIAL OF AGENCY)**II.**I, _____, having been alleged
to be the father of _____, a minor_____ child, born _____,
(SEX) (DATE) (CITY) (STATE)do hereby relinquish said minor child for adoption to the _____
(AGENCY NAME)

(AGENCY ADDRESS)

(AGENCY TELEPHONE NUMBER)

an organization authorized by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, any rights to said minor child will be terminated.

Date _____
(SIGNATURE OF ALLEGED NATURAL FATHER)The foregoing instrument was signed on _____ by the said _____
(DATE) _____ in the presence of us, who have signed the same as witness thereto.

(WITNESS)

STATE OF CALIFORNIA

ss.

(WITNESS)

COUNTY OF _____

On this _____ day _____, 19____, before me, _____

an authorized official of the Department of Social Services, or _____

_____, an organization

licensed by the Department of Social Services of the State of California to find homes for children and place them in homes for adoption,

personally appeared _____

known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

(AUTHORIZED OFFICIAL OF AGENCY)

**RELINQUISHMENT
ALLEGED NATURAL FATHER
(Out of State or Country)**

On this _____ day of _____, 19____
the _____
NAME OF AGENCY

hereby signifies its willingness to accept the
annexed relinquishment.

By _____
AUTHORIZED OFFICIAL OF AGENCY

I, _____, having been alleged
to be the father of _____ a minor
_____ child, born _____

SEX

DATE

CITY

STATE

do hereby relinquish said child for adoption to _____
AGENCY NAME ()

AGENCY ADDRESS

AGENCY TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California to find homes for children and
to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the
State Department of Social Services by said agency, any rights to said minor child will be terminated.

Date _____

SIGNATURE OF ALLEGED NATURAL FATHER

STATE OF _____ ss.

COUNTY OF _____

On this _____ day of _____, 19____, before me, _____
a Notary Public in and for said County and State, personally appeared _____
known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he
executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate
first above written.

(Affix Notarial Seal)

NOTARY PUBLIC IN AND FOR THE COUNTY OF

_____, State of _____
My commission expires _____

FOR CALIFORNIA AGENCY USE WHEN FORWARDING A COPY

Date _____

I hereby certify that this is a true and correct copy of the relinquishment
contained in the files of

AGENCY NAME

SIGNATURE OF AGENCY OFFICIAL

RENUNCIA PRESUNTO PADRE NATURAL (Fuera del estado o del país)

En esta día _____ del mes de _____
de 19_____, por medio de la presente, _____

NOMBRE DE LA AGENCIA

expresa su deseo de aceptar la renuncia adjunta.

Por _____
OFICIAL AUTORIZADO DE LA AGENCIA

Yo, _____, a quien se presume ser el padre de
_____, un(a) menor de edad del sexo _____,
quien nació el _____ en _____
por medio de la presente renuncio a tal niño(a) para su adopción a _____
CIUDAD ESTADO NOMBRE DE LA AGENCIA

DIRECCIÓN DE LA AGENCIA

NO. DE TELÉFONO DE LA AGENCIA

ya que dicha organización está certificada por el Departamento de Servicios Sociales del Estado de California para localizar hogares para niños
y para colocarlos en hogares adoptivos. Comprendo perfectamente que una vez que esta agencia registre la presente renuncia en el
Departamento de Servicios Sociales del Estado, se terminarán todos mis derechos sobre el mencionado menor de edad.

Fecha _____

FIRMA DEL PRESUNTO PADRE NATURAL

ESTADO DE _____ ss.

CONDADO DE _____

En este día _____ del mes de _____ de 19_____, ante mí, _____
_____, un(a) Notario Público en y para el mencionado

Condado y Estado, compareció en persona _____,
a quien conozco como la persona cuyo nombre aparece en este documento y quien me confirmó haberlo firmado.

COMO TESTIGO DEL PRESENTE DOCUMENTO, por medio de ésta he confirmado y puesto mi sello oficial en el día y año que aparecen escritos
arriba.

(Ponga el Sello Notarial)

NOTARIO PÚBLICO EN Y PARA EL CONDADO DE

_____, Estado de _____

Mi comisión se vence _____

FOR CALIFORNIA AGENCY USE WHEN FORWARDING A COPY

Date _____

I hereby certify that this is a true and correct copy of the
relinquishment contained in the files of

AGENCY NAME

SIGNATURE OF AGENCY OFFICIAL

**RELINQUISHMENT
ALLEGED NATURAL FATHER
(Out of State or Country)**

On this _____ day of _____, 19____
the _____

NAME OF AGENCY

hereby signifies its willingness to accept the
annexed relinquishment.

By _____
AUTHORIZED OFFICIAL OF AGENCY

I, _____, having been alleged
to be the father of _____ a minor
_____ child, born _____
SEX _____ DATE _____ CITY _____ STATE _____

do hereby relinquish said child for adoption to _____
AGENCY NAME ()
AGENCY ADDRESS _____ AGENCY TELEPHONE NUMBER _____

an organization licensed by the Department of Social Services of the State of California to find homes for children and
to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the
State Department of Social Services by said agency, any rights to said minor child will be terminated.

Date _____

SIGNATURE OF ALLEGED NATURAL FATHER

STATE OF _____ ss.

COUNTY OF _____

On this _____ day of _____, 19____, before me, _____
a Notary Public in and for said County and State, personally appeared _____
known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he
executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate
first above written.

(Affix Notarial Seal)

NOTARY PUBLIC IN AND FOR THE COUNTY OF

_____, State of _____
My commission expires _____

FOR CALIFORNIA AGENCY USE WHEN FORWARDING A COPY

Date _____

I hereby certify that this is a true and correct copy of the relinquishment
contained in the files of

AGENCY NAME

SIGNATURE OF AGENCY OFFICIAL

RELINQUISHMENT

(Alleged Natural Father Outside California in Armed Forces)

On this _____ day of _____ 19____

the _____

NAME OF AGENCY

hereby signifies its willingness to accept
the annexed relinquishment and to accept
said child for adoption.

By _____

AUTHORIZED OFFICIAL OF AGENCY

I, _____, having been alleged
to be the father of _____ a minor

_____ child, born _____

SEX

DATE

CITY

STATE

do hereby relinquish said child for adoption to _____

AGENCY NAME

()

AGENCY ADDRESS

AGENCY TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California to find homes for children and
to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the
State Department of Social Services by said agency, any rights to said minor child will be terminated.

Date _____

On this _____ day of _____, 19____, before me, _____

NAME OF OFFICER

the undersigned officer, personally appeared _____

NAME(S) OF PARENT(S)

known to me (or satisfactorily proven) to be (a) serving in the armed forces of the United States, (b) a spouse of a
person serving in the armed forces of the United States, or (c) a person serving with, employed by, or accompanying the
armed forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the
Virgin Islands, and to be the person whose name is subscribed to the within instrument and acknowledged that he
executed the same. And the undersigned does further certify that he is at the date of this certificate a commissioned
officer in the active service of the armed forces of the United States having the general powers of a notary public under
the provisions of Section 936 of Title 10 of the United States Code (Public Law 90-362).

Subscribed and sworn to before me _____

on this _____ day of _____

19 ____ .

*Signature of Officer and Serial Number, Rank,
Branch of Service and Capacity in Which Signed

*See reverse side.

Section 1183.5 of the Civil Code of California provides in part as follows:

1183.5 [Performance of notarial acts for military personnel]

Any officer on active duty in the armed forces having the general powers of a notary public pursuant to Section 936 of Title 10 of the United States Code (Public Law 90-632) may perform all notarial acts for any person serving in the armed forces of the United States, wherever they may be, or for any spouse of a person serving in the armed forces, wherever they may be, and for any person serving with, employed by, or accompanying such armed forces outside the United States and outside the Canal Zone, Puerto Rico, Guam and the Virgin Islands.

RELINQUISHMENT OF INDIAN CHILD BY ALLEGED NATURAL FATHER (Out of State or Country)

NAME OF CHILD'S TRIBE

ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

On this _____ day of _____, 19_____, the _____
NAME OF AGENCY
hereby signifies its willingness to accept the annexed relinquishment.

SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY

I, _____, having been alleged to be the father
of _____, a minor _____ child,
SEX
born _____
DATE CITY STATE

do hereby relinquish said child for adoption to _____
AGENCY NAME

AGENCY ADDRESS

()
AGENCY TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, any rights to said minor child will be terminated, and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw said relinquishment before the decree of adoption is signed.

DATE

SIGNATURE OF ALLEGED NATURAL FATHER

ADDRESS

Signed in the presence of:

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE

STATE

COUNTY

CERTIFICATION

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.

DATE

SIGNATURE OF JUDGE

NAME OF COURT OF JURISDICTION

FOR CALIFORNIA AGENCY USE WHEN FORWARDING A COPY TO SDSS

I hereby certify that this is a true and correct copy of the relinquishment contained in the files of:

AGENCY NAME

SIGNATURE OF AGENCY OFFICIAL

DATE

RELINQUISHMENT OF INDIAN CHILD (Out of State)

NAME OF CHILD'S TRIBE

ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

On this _____ day of _____, 19____, the _____
NAME OF AGENCY
hereby signifies its willingness to accept the annexed relinquishment and to accept said child for adoption.

SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY

I/We, the _____ of _____, a minor _____ child,
SEX
born _____
DATE CITY STATE
do hereby relinquish and surrender said child for adoption to _____
AGENCY NAME

AGENCY ADDRESS

AGENCY TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California to find homes for children and to place children in homes for adoption. It is fully understood by me/us that when this relinquishment is filed with the State Department of Social Services by said agency, all my/our rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated and the relinquishment will be binding with the signing of the decree of adoption unless I/we withdraw said relinquishment before the decree of adoption is signed.

DATE

SIGNATURE OF PARENT

SIGNATURE OF PARENT

ADDRESS OF PARENT(S)

Signed in the presence of:

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE

STATE

COUNTY

CERTIFICATION

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent(s) of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent(s).

DATE

SIGNATURE OF JUDGE

NAME OF COURT OF JURISDICTION

FOR CALIFORNIA AGENCY USE WHEN FORWARDING A COPY TO SDSS

I hereby certify that this is a true and correct copy of the relinquishment contained in the files of:

AGENCY NAME

SIGNATURE OF AGENCY OFFICIAL

DATE

RELINQUISHMENT OF INDIAN CHILD

NAME OF CHILD'S TRIBE

ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

I/We, the _____ of _____, a minor
 _____ child, born _____, _____, _____, _____
 SEX DATE CITY STATE

do hereby relinquish and surrender said child for adoption to _____
 AGENCY NAME
 ()
 AGENCY ADDRESS AGENCY TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California to find homes for children and to place children in homes for adoption. It is fully understood by me/us that when this relinquishment is filed with the State Department of Social Services by said agency, all my/our rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated and the relinquishment will be binding with the signing of the decree of adoption unless I/we withdraw said relinquishment before the decree of adoption is signed.

SIGNATURE OF PARENT



SIGNATURE OF PARENT



ADDRESS

The foregoing instrument was signed on _____ by the said _____
 DATE
 _____ in my presence as witnessed thereto.

SIGNATURE OF WITNESS



On this _____ day of _____, 19____, before me, _____
 _____ an authorized official of the _____
 _____, an organization
 licensed by the Department of Social Services of the State of California to find homes for children and place them in homes for adoption,
 personally appeared _____

known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY



TITLE

COUNTY

CERTIFICATION

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent(s) of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent(s).

DATE

SIGNATURE OF JUDGE



SUPERIOR COURT

RELINQUISHMENT OF INDIAN CHILD (Out of County)

NAME OF CHILD'S TRIBE

ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

On this _____ day of _____, 19____, the _____
NAME OF AGENCY
hereby signifies its willingness to accept the annexed relinquishment and to accept said child for adoption.

SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY

I/We, the parent(s) of _____, a minor _____ child,
born _____, _____, _____
DATE CITY STATE

do hereby relinquish and surrender said minor child for adoption to _____
AGENCY NAME

AGENCY ADDRESS

()
AGENCY TELEPHONE NUMBER

an organization licensed by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me/us that when this relinquishment is filed with the State Department of Social Services by said agency, all my/our rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated and the relinquishment will be binding with the signing of the decree of adoption unless I/we withdraw said relinquishment before the decree of adoption is signed.

SIGNATURE OF PARENT

SIGNATURE OF PARENT

ADDRESS

(NUMBER, STREET)

(CITY)

(STATE)

(ZIP CODE)

The foregoing instrument was signed on _____ by the said _____
DATE

_____ in my presence as witnessed thereto.

SIGNATURE OF WITNESS

On this _____ day of _____, 19____, before me, _____

an authorized official of the Department of Social Services or _____

_____, an organization licensed by the Department of Social Services of the State of California to find homes for children and place them in homes for adoption, personally appeared _____ known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY

COUNTY

CERTIFICATION

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent(s) of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent(s).

DATE

SIGNATURE OF JUDGE

SUPERIOR COURT

RELINQUISHMENT OF INDIAN CHILD

NAME OF CHILD'S TRIBE

ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

I, the father of _____, a minor _____ child

SEX

born _____

DATE

CITY

STATE

do hereby relinquish and surrender said child for adoption to _____

AGENCY NAME

()

AGENCY ADDRESS

AGENCY TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, all my rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw said relinquishment before the decree of adoption is signed. I declare that I am not the natural father of said child and am executing the within relinquishment to adoption solely for the purpose of promoting the welfare and best interests of said child by facilitating said child's placement for adoption.

SIGNATURE OF FATHER



ADDRESS OF FATHER

The foregoing instrument was signed on _____ by the
said _____ in my presence as witnessed thereto.

SIGNATURE OF WITNESS



On this _____ day of _____, 19____, before me, _____

_____, an authorized official of the _____

_____, an organization licensed by the Department of Social Services
of the State of California to find homes for children and place children in homes for adoption, personally appeared

_____,
known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY

TITLE

COUNTY

**CERTIFICATION**

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.

DATE

SIGNATURE OF JUDGE



SUPERIOR COURT

RELINQUISHMENT OF INDIAN CHILD (Out of State)

NAME OF CHILD'S TRIBE

ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

On this _____ day of _____, 19____, the _____

NAME OF AGENCY

hereby signifies its willingness to accept the annexed relinquishment and to accept said child for adoption.

SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY

I, the father of _____, a minor _____ child,

SEX

born _____, do hereby

DATE

CITY

STATE

relinquish and surrender said child for adoption to _____

AGENCY NAME

AGENCY ADDRESS

AGENCY TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, all my rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said minor child will be terminated and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw said relinquishment before the decree of adoption is signed. I declare that I am not the natural father of said child and am executing the within relinquishment to adoption solely for the purpose of promoting the welfare and best interests of said child by facilitating said child's placement for adoption.

DATE

SIGNATURE OF PARENT

ADDRESS OF PARENT

Signed in the presence of:

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE

STATE

COUNTY

CERTIFICATION

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.

DATE

SIGNATURE OF JUDGE

NAME OF COURT OF JURISDICTION

RELINQUISHMENT OF INDIAN CHILD**(ALLEGED NATURAL FATHER IN CALIFORNIA) (In or Out of County)**

NAME OF CHILD'S TRIBE

ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

I. Complete Sections I and II when the agency taking relinquishment and the agency accepting relinquishment are NOT the same.**OUT OF COUNTY**On this _____ day of _____, 19____, the _____
hereby signifies its willingness to accept the annexed relinquishment.

NAME OF AGENCY

SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY

II. Complete only this section when the agency taking relinquishment and the agency accepting relinquishment is the same.I, _____, having been alleged to be the father
of _____, a minor _____ child,
born _____
DATE CITY STATE

SEX

do hereby relinquish said minor child for adoption to _____

AGENCY NAME

AGENCY ADDRESS

()
AGENCY TELEPHONE NUMBER

an organization licensed by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, any rights to said minor child will be terminated and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw said relinquishment before the decree of adoption is signed.

SIGNATURE OF ALLEGED NATURAL FATHER

ADDRESS

The foregoing instrument was signed on _____ by the
said _____ in my presence as witnessed thereto.

SIGNATURE OF WITNESS

On this _____ day of _____, 19____, before me, _____
an authorized official of the Department of Social Services or _____
_____, an organization licensed by the Department of Social
Services of the State of California to find homes for children and place them in homes for adoption, personally appeared
_____ known to me to be the person whose name
is subscribed to the within instrument and acknowledged to me that he executed the same.

SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY

COUNTY

CERTIFICATION*The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.*

DATE

SIGNATURE OF JUDGE

SUPERIOR COURT

RELINQUISHMENT OF INDIAN CHILD

(Out of County)

NAME OF CHILD'S TRIBE

ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

On this _____ day of _____, 19____, the _____

NAME OF AGENCY

hereby signifies its willingness to accept the annexed relinquishment and to accept said child for adoption.

SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY

I, the father of _____, a minor _____ child,

SEX

born _____, do hereby

DATE

CITY

STATE

relinquish and surrender said child for adoption to the _____

NAME OF AGENCY

AGENCY ADDRESS

AGENCY TELEPHONE NUMBER

an organization licensed by the State Department of Social Services to find homes for children and to place children in homes for adoption. It is fully understood by me that when this relinquishment is filed with the State Department of Social Services by said agency, all my rights to the custody, services, and earnings of said minor child and any responsibility for the care and support of said child will be terminated and the relinquishment will be binding with the signing of the decree of adoption unless I withdraw said relinquishment before the decree of adoption is signed. I declare that I am not the natural father of said child and am executing the within relinquishment to adoption solely for the purpose of promoting the welfare and best interests of said child by facilitating said child's placement for adoption.

SIGNATURE OF PARENT

ADDRESS OF PARENT

The foregoing instrument was signed on _____ by the
said _____ in my presence as witnessed thereto.

SIGNATURE OF WITNESS

On this _____ day of _____, 19____, before me, _____,

an authorized official of the Department of Social Services or _____

_____, an organization licensed by the Department of Social Services of the State of California to find homes for children and place them in homes for adoption, personally appeared _____ known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

SIGNATURE OF AUTHORIZED OFFICIAL OF AGENCY

COUNTY

CERTIFICATION

The terms and consequences of the voluntary signing of the relinquishment, including the right to withdraw the relinquishment prior to the signing of the decree of adoption, were fully explained in detail to and understood by the parent of this Indian child. The explanation was given by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent.

DATE

SIGNATURE OF JUDGE

SUPERIOR COURT